

## Coverage Care Services Limited

# Lightmoor View

## Inspection report

Brick Kiln Bank

Lightmoor

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place 22 October 2014 and was unannounced. At our previous inspection no improvements were identified.

The home had a registered manager in post who was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Lightmoor View is registered to provide nursing and personal care to a maximum of 75 people who live with dementia. The home is arranged over three floors with each floor having two units. On the day of our inspection 74 people were living at the home.

Staff knew how to protect people against the risk of danger and harm and how to report concerns they may have. They understood how to help keep people safe and followed instructions to reduce risks that had been identified.

# Summary of findings

People were supported by sufficient numbers of staff who had the skills to meet their needs. Staff had received appropriate training and felt supported in their roles by the registered manager.

People's medicines requirements were reviewed and managed safely to make sure it was appropriate to their needs. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

Staff knew how to support people in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications to the local authority in accordance with DoLS and was following legal requirements.

People were supported to express their views and be involved in making decisions about their care. Where appropriate relatives were involved in identifying people's preferences and we saw these were respected. Care

records were personal to each person and gave clear information on the needs of the person and their life histories. This helped staff to support people as individuals and be aware of their hobbies and interests.

Feedback from relatives about how staff cared for their family members was positive. We saw staff treated people with kindness and compassion and were aware of each person's needs. People's privacy and dignity was respected and staff encouraged them to maintain their independence.

The home had a stable management system in place. All relatives and staff we spoke with told us communication within the home was open and honest. Relatives were comfortable raising concerns and complaints with the manager. Staff were encouraged to report concerns and question practice if needed.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were supported by trained staff who knew how to protect them from harm and abuse.

There were enough staff working to meet people's needs and ensure their safety.

People received their medicines when they needed them in line with good practice.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored.

Where people could not give their consent to their care and treatment appropriate arrangements were in place.

Good



### Is the service caring?

The service was caring.

People were treated as individuals. Staff treated people with kindness and compassion.

Staff supported people to be involved in making decisions about their care and support. Staff made sure people had information in a way they could understand.

People's privacy and dignity was respected. People's relatives were welcomed into the home and felt included in their family member's care.

Good



### Is the service responsive?

The service was responsive

People were treated as individuals and their wishes were respected. They had support from staff to follow their hobbies and interests.

Feedback on the home was encouraged and relatives felt complaints and concerns were taken seriously and acted on.

Good



### Is the service well-led?

The service was well-led.

Relatives and staff agreed the home had an open and inclusive culture where people came first.

The outcome of safeguarding events, incidents and accidents were used to improve the service for people that lived there.

The quality of care provided was regularly monitored and improvements were made where needed.

Good



# Lightmoor View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October and was unannounced.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied us had personal experience of a relative living in a care home.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what they do well and improvements they plan to make. At our inspection it was confirmed the registered manager had not received this as she had not notified us of a change of email address.

Before our inspection we spoke with the local authority and Healthwatch to share information they held about the

home. The provider had worked with the local authority's safeguarding team, complex care team and social workers to ensure service users were not at risk of harm. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because most people living at Lightmoor View were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

On the day of our visit we spoke with three people who used the service and seven relatives. We also spoke with the registered manager and 17 staff which included nursing and care staff, catering staff, a physiotherapist and an aromatherapist. We looked at 12 records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training, recruitment and the management of the home.

# Is the service safe?

## Our findings

All the relatives we spoke with told us they were happy their family members were safe living at Lightmoor View. One relative told us, “We have no concerns about [person’s name] safety.” Another relative told us, “We know [name] is safe here”. We saw staff supporting people safely and in line with their assessed care plans. One person required one to one support at all times from staff and we saw this was carried out. We saw staff safely intervene when people’s behaviour could have caused a risk to themselves and others. Staff understood their responsibilities in relation to concerns they had about people’s safety and to report this to the manager or nurse. We saw that risks to people had been assessed and identified. This included risks associated with their behaviour, mobility, nutrition and skin care. We saw plans were in place for staff to follow.

The registered manager told us about changes that had been made as a result of incidents that had happened in 2014. These had been reported to and investigated by the local authority. The manager had increased staffing levels, improved staff training and made sure people’s risk assessments were all updated and reflected their safety needs. This showed that lessons were learnt from incidents and changes were made to help people stay safe. Feedback we received from the local authority confirmed these actions were completed.

One relative said, “The staff are brilliant here, we couldn’t ask for better”. We saw that there were sufficient numbers of staff to meet people’s needs and call bells were answered promptly. All the staff we spoke with thought

there were enough staff to meet people’s needs. The manager told us that when required she speaks with the local authority for funding for extra staff. This could be when a person is new to the home and may require some extra support from staff to get used to the new environment. She also told us how staff were allocated throughout the home and that care staff were available to help out on the other floors if needed. We looked at the procedures followed when staff were recruited. We saw evidence that appropriate employment checks were completed on new staff to make sure they were suitable to work at the home.

One relative said, “[Person’s name] is not on much medication but we know what it is”. Medicines were stored securely and checks were carried out on the temperatures of medicine fridges, cupboards and storage areas. All temperatures were within safe limits. There were policies in place for ordering, administration and disposal of medicines. The nurse we spoke with knew about these policies and how to follow them to make sure medicine was managed safely. Medicine records were up to date and showed people had received their medicine when they had needed them. Some people had their medicine given to them when they required it. This is called PRN medicine. We saw that protocols were in place for staff that detailed when people might need this medicine and what it was prescribed for. We saw that people’s medicine needs were reviewed regularly by their doctor and other health professionals on a regular basis. The nurse told us this was because as people’s needs changed their medicine needed to be reviewed to make sure it was effective.

# Is the service effective?

## Our findings

Relatives told us they had confidence in staff's skills and were happy with the way staff supported and cared for them. One relative told us, "The staff are all brilliant here – we couldn't ask for better". Another relative said, "The staff here are marvellous and could not do enough for [Person's name]".

Staff told us the training they received helped them to do their job effectively and to provide better support to people. One staff said, "The training is good and thorough. We get quite a bit". Another staff said, "The care we provide has to be effective and good and that's what makes my job rewarding". We saw staff put training into practice as they calmly supported people when they became upset or frustrated. The registered manager told us staff had recently received training in 'skilled intervention'. This had given staff the skills and confidence to reassure and redirect people when necessary if they became upset or may put themselves or others in danger. Staff confirmed this had increased their confidence in supporting people.

Staff told us they felt supported in their roles and they received regular support from the manager to help them in their work. They had regular supervision meetings with the senior staff and the opportunity to discuss any issues of achievement or concern. They all said they would not hesitate to ask if they were unsure about any element of the care they provided. One nurse explained how their skills were assessed and monitored. We saw records where nurses had been asked to make improvements to their practice and how these had been monitored. Nurses undertook skills assessments and where issues were identified these were addressed and tracked through meetings with the manager and senior nurse.

One person said about their meal, "That was nice". At lunchtime the atmosphere was calm and unhurried. We saw staff sat with people at the dining tables to support them and that they anticipated their needs. They also engaged people in conversation which helped to make the meal more of a social occasion. One staff said, "We have protected mealtimes to minimise disruption for the residents – except for family". Throughout our inspection we saw that staff took time to ask people if they wanted drinks or food. We saw that drinks were available throughout the day and meals given when people were ready for them. People were supported to eat a healthy

balanced diet and we saw menus which gave a varied choice of meals available. The cook and the care staff said that if someone had a particular preference for something this would always be met where ever possible. We saw one staff member sit with a person who was not feeling hungry and offer alternative choices. This person chose to have a light meal that was not on the menu. The staff member spoke with the kitchen and this person's meal was bought up quickly.

Staff we spoke with knew people's dietary needs and preferences, such as who was diabetic or required a soft diet. We found that people had been assessed as to their risk of not eating or drinking enough. People that had been identified as at risk were monitored appropriately by staff. We saw records were in place of how much people were eating and drinking. The records we looked at showed that people were having enough to eat and drink in line with their assessments. Some people had been assessed by a speech and language therapist in relation to their swallowing abilities. We saw the food they received was in line with these assessments.

One relative said, "[Person's name] was ill and the nurse noticed straight away. The staff know [person's name]". We found that suitable systems were in place to support people with their health care needs. We saw that people had access to their doctor, specialist nurses and consultants to make sure their health care needs were met. People were also supported by the local mental health team and memory clinic. The provider also employed a physiotherapist and an aromatherapist. A qualified nurse was on duty at all times and the doctor and consultant psychiatrist held regular clinics at the home. Clear plans were in place which gave details of people's health needs, the outcomes from appointments with healthcare professionals and information on how staff were to support them. All records we saw were updated and reviewed on a regular basis.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty where there is no less restrictive way of achieving this.

## Is the service effective?

We saw the manager was following the MCA Code of Practice and had assessed people's capacity in relation to specific decisions they could not make. Best interest meetings were recorded to show why people could not make their own decisions. We saw the manager had made a number of recent applications under DoLS to the local

authority who were assessing these. Staff had received training and understood the implications of this law and the effects it can have on people. One staff said, "We must never assume that people can't make a choice". This showed us that the manager and staff knew about protecting people's rights and freedoms.

# Is the service caring?

## Our findings

All the relatives we spoke with told us they felt involved in planning and making decisions about their family member's care. They told us that staff and the manager kept them up to date on what was happening with their family member. They told us they thought their family member's views were respected by staff. One relative said, "We are very happy with [Person's name] care, I wouldn't have them anywhere else". Another relative said, "They (Staff) are very good and patient with all the residents".

We saw staff supporting people to express their views and help them to make decisions. Staff took time to explain options and choices to people in a way they understood. This helped them to make their decisions. We saw that staff listened to what people wanted and respected their choices. Staff told us they used picture cards, objects of reference and large print documents to help people make their decisions. We saw people's communication needs had been assessed and guidance was in place for staff to follow to make sure they communicated effectively with people. One staff member said, "Our residents have led full productive lives, they have families and have held down good jobs – they are intelligent. Just because they cannot express themselves anymore doesn't mean they are stupid".

We saw staff worked with people in a relaxed and friendly manner. We saw staff spend time with each person and talk with them about events during the day. Throughout our inspection we saw that staff helped people in a caring, kind and supportive manner. When people needed help staff were quick to respond. Staff treated people as individuals

and showed that they understood the different needs and personalities of the people they supported. When staff spoke about the people they cared for they did so in a respectful and caring way. Staff told us they worked in the same units which they felt built good relationships with people and their relatives. One staff said, "Continuity of care is very important for our residents, staff are not moved around (to other units)".

Relatives told us they were welcomed by staff when they visited their family members and could visit at any time. We saw that throughout the day there was a steady stream of visitors in the home. We saw that some relatives had brought their dog with them which was welcomed by people and staff. Some relatives had brought other family members with them so people could keep in contact with family that was important to them. Staff welcomed all the visitors, involved them in conversations but respected that they wanted some privacy and time alone with their family member. They were asked if they wanted a drink or if they wanted a meal at lunchtime. We saw some relatives came at lunchtime and supported their relatives with their meal. One relative said, "Staff interact well with us relatives, everything is in the open".

We saw staff treated people with respect and dignity. Staff encouraged people to be independent when they helped them. We saw people were supported to tidy and clean up the dining room when they wanted to. We also saw people were supported to eat and drink independently when they were able to. All the staff we spoke with understood the importance of helping people to maintain their independence and to ensure they had privacy when they needed.



# Is the service responsive?

## Our findings

One relative said, “Everything is in the open and just sorted if we have any issues”. One relative told us about a concern they had raised with the manager. They told us they were happy with how this had been dealt with and were satisfied with the outcome. We looked at how the manager sought people’s and relatives views and complaints. Relatives told us they were encouraged to raise any concerns or complaints with the manager. They told us that they saw the manager often throughout the day and she always asked how they were and if they had any problems. The manager told us that arrangements were made through people’s social workers if they required an advocate. She told us that no one living at the home had an advocate at the time of our inspection.

We spoke with the manager about what complaints they had received and the actions they had taken. We saw a complaints log she kept. This gave details of the complaint received, details of the investigation, action taken and the outcome. We saw there was a clear audit trail of all actions taken from when the complaint was raised through to resolution. The manager told us results from complaints were given to the provider who monitored these. These were also discussed with managers of the provider’s other homes in quality meetings. We saw that the provider’s complaints procedure was clearly displayed in the reception area of the home. A leaflet was available which gave information on the complaints process and who people could contact if they were not happy with the outcome of their complaint. This also contained a card where people could leave comments and compliments. The provider also asked relatives and staff to complete a yearly survey. The results of the survey presented as a graph in the home’s information pack which was available in the reception area. This showed that the manager actively sought opinions on the home and took action where concerns or complaints were received.

We looked at the arrangements for supporting people with their hobbies and interests. We saw one person who liked to help with the cleaning being supported to do this by care staff. We saw people supported by staff and relatives looking after the home’s sheep and chickens. People were supported to lead active lives if they chose to. We were shown a door with various locks which had been made for a person who had an interest in locks. One staff member said, “If people want to dance to music staff will happily dance with them”. The registered manager told us about building work on a site opposite the home. Some people at the home were interested in building works and to support their interest the manager was getting the building plans. Together with staff they would monitor the progress of the work against the plans and if allowed would visit the site. All staff told us that whatever people had an interest in they would support them to maintain that interest.

We saw that people and their relatives were involved in planning for their care and their end of life care. We saw that where people had identified their preferences these were respected by care staff. Such as with preferences for food or music. Staff we spoke with knew people’s preferences and what their care needs were. The manager and senior nurse told us they encouraged open communication with families to make sure people’s wishes were sought and respected. People’s care needs had been assessed and they had a care plan in place which was individual to each person. We saw these were reviewed and updated regularly. People’s preferences, interests and wishes on how they wanted to be looked after were clearly recorded. People had information recorded on their life history, important relationships and their hobbies. Where people were unable to contribute to providing this information we saw relative’s had been involved in obtaining this. Each person had a ‘This is me’ information sheet. This contained important information about the person which would accompany them if they were taken to hospital.

# Is the service well-led?

## Our findings

All relatives told us they thought the manager was approachable. One relative said, “They don’t try to hide anything here. The manager knows what’s going on; there are no airs or graces”. Another relative said, “[registered manager’s name] is very good, she is straight forward. She answered all our questions honestly. She knows what’s going on. It is very well managed”. We saw that the manager had good relationships with people, relatives and staff as she walked around the home. She greeted everyone by name and stopped to talk with people and relatives.

Staff we spoke with told us that there was open communication from the manager and they could say what they felt and they would be listened to. One staff told us, “If I have any concerns or worries I know to go to the nurse on duty or the manager”. All staff told us they were encouraged by the manager to question practice and report any concerns they had. They were aware of whistleblowing procedures and who they could take concerns to outside of the home, such as the local authority, police and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work.

Staff spoke positively about their roles within the home and understood what was expected from them in relation to supporting people and promoting a culture of involvement. One staff said, “It’s about each person being an individual. We need to get to know them and their families so we can provide their care in the way they want”.

We looked at the management and leadership of the home. We found this was stable. The manager had been in post since 2011 and had a nurse manager to support her in the day to day management of the home. The manager understood her responsibilities as the registered manager of the home. Statutory notifications had been submitted to us appropriately for safeguardings, incidents and deaths. Staff told us there was consistency between managers and seniors with regards to instruction they gave to staff and decisions made. They told us they had confidence in the leadership of the home and found the manager approachable.

Prior to our inspection we had requested a provider information return (PIR) to be completed and returned to us. The request was made by email to the manager and the provider was made aware of the request. At our inspection we found that the email address for the manager was no longer used and she had not notified us of this. We asked that she submit a notification to inform us of a current email address which we have received.

We looked at how the provider ensured the quality of the service the home provided. The manager told us there were a number of systems in place that made sure key information was fed back to the provider. She told us that by collating this information trends were identified and then discussed with the provider. The manager attended quarterly meetings with the provider and managers of the provider’s other homes to review analysis of quality reports. We saw evidence of complaints, health and safety, medicines, staff training and catering being monitored on a regular basis. The manager told us that as accidents or incidents were reported the system prompted her to review the person’s care plan. We saw that one person had recently had a fall. A new risk assessment had been completed and their care plan had been updated. This showed that the provider had systems in place to monitor the quality of the service provided at the home. This helped to reduce risks to people.

Following a number of safeguarding concerns earlier this year the local authority had made a number of recommendations for the provider to action. The local authority informed us that risk assessments and staff training had been improved and all recommendations had been completed. The manager confirmed these actions had been taken. As a result of the local authority recommendations staff levels had been increased, people’s risk assessments were monitored and reviewed regularly and all staff had attended improved training on ‘skilled intervention’. This showed that the provider and manager had responded to the findings of the local authority’s investigation and taken the required action to implement improvement.